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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

9-11054-14US

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

QF

**OTHER THAN
SMALL ENTITY**

FOR	NUMBER FILED	NUMBER EXTRA	RATE	Fee	RATE	Fee
BASIC FEE (37 CFR 1.16(a))				\$ 385	OR	\$ _____
TOTAL CLAIMS (37 CFR 1.16(c))	18	minus 20 = * 0	x \$ 0 =	0	OR	x \$ _____ =
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3	minus 3 = * 0	x 0 =	0	OR	x _____ =
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		0	+ _____ =	0	OR	+ _____ =
* If the difference in column 1 is less than zero, enter "0" in column 2			TOTAL	385	OR TOTAL	0

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

		(Column 1)	(Column 2)	(Column 3)	SCHEDULE 1			
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ ____ =		OR x \$ ____ =
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x ____ =		OR x ____ =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				(37 CFR 1.16(d))	+ ____ =		OR + ____ =
						TOTAL	0	OR TOTAL ADDIT. FEE 0

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)		ADDT. FEE		ADDT. FEE	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE	
Total (37 CFR 1.16(c))	*	Minus	**		=	x \$ ____ =		x \$ ____ =		
Independent (37 CFR 1.16(b))	*	Minus	***		=	x ____ =		x ____ =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						(37 CFR 1.16(d))	+ ____ =	+ ____ =		
							TOTAL ADDT. FEE	TOTAL ADDT. FEE	0	

AMENDMENT C	(Column 1)		(Column 2)		(Column 3)		ADD'L. FEE		ADD'L. FEE	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE	
Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ ____ =		OR x \$ ____ =			
Independent (37 CFR 1.16(b))	*	Minus	***	=	x ____ =		OR x ____ =			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ ____ =		OR + ____ =			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.